

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

(H. G. K. YOUNG,

M.R.C.S. Eng., L.R.C.P. Lond.)

FOR THE

Braintree
Rural District Council.


FOR THE YEAR 1910.



BRAINTREE

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For the Year 1910.

GENTLEMEN,

I beg to submit my Annual Report dealing with the Sanitary work and the Statistics for the District during the year 1910.

HOUSING OF THE WORKING CLASSES.

The need for labourers' cottages is one that is felt in most agricultural districts, and this district is no exception to the rule. I was requested to make Report on the cottage accommodation in High Garrett, not because the housing question was more acute in that village than in many others in the district, but in consequence of complaints received that application had been made for certain cottages which had been closed by the owner. As cottages become uninhabitable they are not, except in few cases, replaced by new ones, and there arises either an exodus from the country to the towns, or overcrowding in the existing cottages to a more or less degree. In other parts of the country cottages brick-built and slated-roofed, containing three bedrooms, parlour, kitchen, scullery and larder have been built in pairs at a cost of £170 each cottage including the cost of land. These cottages, let at 3/6 a week represent £3 : 18 : 0 per cent allowing for rates, depreciation and repairs. Thus, nearly 4 per cent on capital outlay is obtained; in these days a good return on the money spent. As a matter of fact I believe the average rent paid by farm labourers is nearer 2/6 than 3/6. If landlords find it impossible to build good cottages and get even a fair return for their outlay, the Housing and Town Planning Act provides a remedy for the demand for cottages by enabling the Local Authority to acquire land, and to erect cottages thereon. An application to borrow money for this purpose has already been made by at least one local authority in this County. It is this scarcity of cottage accommodation which increases the difficulties of dealing properly and promptly with cases of overcrowding.

The Sanitary Inspector and I examined and reported on a number of cases of alleged overcrowding in the various parts of the district. In a few cases there actually was overcrowding, notices were served and the nuisance remedied. We also examined and reported upon a number of dilapidated cottages. In the majority of cases we considered that it was possible to repair them and so render them fit for habitation. At Hatfield Peverel the Parish Council met a Committee appointed by the Council to examine certain cottages which we had condemned and the Committee upheld our opinion.

The Housing (Inspection of District) Regulations, if carried out to the letter will involve an immense amount of additional work for the Sanitary Inspector and in some other Districts the Inspector is being given assistance for the carrying out of these regulations.

WATER SUPPLIES.

Coggeshall. At the time of writing this report, water has been flowing through the mains from the Coggeshall Water Works for some time and applications from owners of houses, to be connected up, come in, in increasing numbers. The completion of the Coggeshall Water Supply, comprising as it does the supply of pure water to Great and Little Coggeshall, Kelvedon and Feering is an achievement, the value of which cannot be over estimated.

Bocking. The Bocking Water Committee together with the Clerk, the Inspector, and myself met Mr. Sands at Bocking with a view to choosing a site for the new bore; several alternative sites were inspected and finally Mr. Sands reported that in his opinion the most desirable one was in a field close to Bocking Bridge, on the right hand side of the road between the Deanery and the bridge. Tenders for boring were received and two or three were submitted to the Council by the Committee, the final choice resting with the Council.

Hatfield Peverel. A Committee appointed by the Council, together with the Clerk, the Inspector and myself met by appointment the Hatfield Peverel Parish Council, to discuss the necessity for a public water supply for the Parish. Mr. Bright had taken samples of water from a number of surface wells in the village and almost without exception they were condemned by Dr. Thresh. As these wells were in many cases close together, of the same depth and liable to the same source of pollution, it seems absolutely necessary that something should be done to improve the water supply of the place, rather than to wait for an outbreak of Typhoid Fever before taking any steps.

There was considerable opposition at the meeting, to anything like a comprehensive Public Water Supply Scheme and it was suggested that before another meeting was held a scheme of some sort should be produced for consideration. I strongly recommend the Council to be prepared with a scheme during the present year and I can see no other

way out of the difficulty than that of boring through the London clay, erecting a storage tank, and laying mains along the main road, down the road to the Brewery and to the station, allowing the houses to connect up thereto, then, with a sufficient supply of water, the drainage question in the Parish would be effectively dealt with.

MILK SUPPLY.

I received a notification from the London County Council that a sample of milk from this district was found to contain Tubercle Bacilli and that one of the Council's Veterinary Inspectors was about to visit the farm in question. As I was not informed of the date of his visit I was unable to meet him. On receiving particulars of the cow which was found to be suffering from Tuberculous disease of the Udder, I visited the farm and saw the owner of the cow. He undertook not to sell the milk from the cow in the district or anywhere else, and to notify me if he sold her. He subsequently sold her and I traced the cow to two other persons in this district and finally to a town in the Midlands. Finally I notified the arrival of the cow to the Medical Officer of the town in question and with that my interest in the cow ceased. If owners of such animals were to consult the interests of the community they would do well to sell the cow for slaughter at the Metropolitan Cattle Market. There, the carcase is inspected and if sound (apart from disease of udder) it is allowed to be sold as meat ; if unsound, the owner is compensated and the carcase destroyed.

The Cowsheds and Dairies in the district have been systematically inspected and one cowshed and dairy condemned, a notice being served on the owner. In this case the cowshed was totally inadequate in size, light and ventilation, and to make matters worse, all the milk had to be carried across a very filthy pig sty and yard, and the pigs were slaughtered in close proximity to the cowshed.

FOOD INSPECTION.

Only one complaint was made during the year and I inspected and reported upon it. In this case it was fruit about which the complaint was made and I found little justification for any complaint.

SEWERAGE AND DRAINAGE.

No extensive drainage scheme has been commenced in the district during 1910, the Kelvedon scheme being still in abeyance.

Several necessary drainage repairs have been carried out all over the district. The Brewery Ditch at Hatfield Peverel continues to be a source of trouble and disagreement.

Pail closets have been substituted for privy cess-pits in a large number of instances, particularly in Terling, where there is garden land close by on to which the pails may be emptied twice a week. There can be no question but that this form of closet should be in general use where water-closets are out of the question. In any case the privy cess-pit is an abomination which should not be tolerated, especially where the water supply is derived from a surface well within a few yards of the privy. I should like to recommend that in those cases where there is not sufficient ground near to the houses whereon pails may be emptied, public scavengers be appointed to collect and empty the pails once a week. This might be embodied in the Bye-laws.

NUISANCES.

Complaints have been received that a serious nuisance arose from the carting of manure (London stable manure and road refuse) and at Dr. Thresh's request I got particulars of the amount of such manure received at the stations in the district. The chief cause for complaint was the leaking of more or less liquid manure from the carts on to the road as it was carted. This was reported and dealt with.

PREVELANCE OF INFECTIOUS DISEASE.

After two abnormally wet Summers, followed in 1910 by a very dry Autumn it was not surprising that an outbreak of Infectious Disease should occur. This did occur at Terling, beginning in October. Up to October there had been remarkably few cases of infectious disease.

The first case of Diphtheria occurred on October 7th and the doctor was not sent for in that case until the patient was in extremis. Between October 7th and December 31st there were 17 cases in Terling and Hatfield Peverel, 14 of which were in Terling. Everything was done to stop the outbreak and to trace the source of infection, and in trying to effect the former and ascertain the latter I had most valuable and willing aid of Dr. E. C. Gimson. Probably the first child got the disease from another child who had had a sore throat and attended a show or school treat at the time, although a swab taken from the latter's throat subsequently gave a negative result. All the cases with the exception of two (one of whom was the boy who died before he could be removed) were removed to hospital. I feel sure that it was due in a great measure to the fact of their having had antitoxin injected at the very outset, before removal to hospital that prevented a larger number of fatal results. There were 11 cases of Diphtheria in the Coggeshall District; one case of Enteric Fever at Kelvedon, six cases of Scarlet Fever in the whole District and four cases of Phthisis, were notified as occurring amongst persons in receipt of Out-Door Relief.

Altogether the number of cases of notifiable disease in 1910 compared with that in 1909 was :—

	1909	1910
Scarlet Fever	34	6
Diphtheria	5	30
Typhoid (Enteric) Fever	8	1
Erysipelas	12	8
Phthisis (Poor-law cases only)	—	4
	<hr/> 59 <hr/>	<hr/> 49 <hr/>

The number of cases of Phthisis notified as occurring in persons in receipt of Poor-law Relief is very small and can scarcely represent the actual number. I recommended closure of the Schools at Terling and it certainly seemed to have some effect. For, from a few days after closure no further cases occurred until some days after re-opening. In every case of School closure, disinfection of the school is carried out, a formalin spray being used.

I met the School Medical Officer, Dr. Bertram Smith, at the Terling Schools and we examined the throats of some 150 children, Mr. King the headmaster giving us every assistance and facility for doing so. We took about 20 swabs, but with no positive result. At the time of writing there have been no fresh cases for some weeks.

Small-pox. As there is a small but by no means negligible outbreak of Small-pox in London, a word about vaccination may be not out of season. The increase in exemption from vaccination is appalling, in some districts over 50 per cent of the children born in any given year being unvaccinated. It is to be sincerely hoped that we are not visited by the disease, but it seems that only a very sharp lesson will wake parents up to the necessity of vaccination. One has only to look at the figures of the 1901 outbreak to realize the fearful results of the disease amongst the unvaccinated.

Plague, fortunately, has not penetrated within the district. It was probably owing to the prompt recognition of the disease by the Medical men in attendance and the immediate and efficient means taken by the authorities to prevent the spread of it, that it has not invaded the whole of the Eastern Counties.

Phthisis. I should like to ask the Council to consider the advisability of formulating some scheme for dealing with cases of Phthisis amongst poor patients. The mere notification of those cases occurring amongst persons in receipt of Parish Relief does not seem to me to be of much use. Disinfection of houses after death from Phthisis cannot but do some amount of good, but unfortunately it is not compulsory and the Inspector meets with considerable opposition at times, occasionally disinfection being refused by the relations.

Where Phthisis patients are confined within the narrow limits of small cottage bedrooms, not only does the disease flourish and increase, but the lives of the other inmates of the house are endangered. Costly Sanatorium treatment is of course out of the question, but it seems to me that it should be possible for some comprehensive scheme embracing all the Unions in the County to be carried out, the cost to each Union being slight compared with the benefits resulting. Some such scheme is, I think, under consideration, but should that fall through I shall be prepared to submit to the Council some scheme for dealing with cases occurring in the district only. The scheme should of course, apply not only to pauper cases but to all cases where means will not allow of efficient treatment being carried out at home or in a Sanatorium.

VITAL STATISTICS.

The Birth-rate shows a very considerable falling off, the total number of births being 314 as compared with 368 in 1909, and an average of 361 for ten years previously. A Birth-rate of 17.3 is extraordinarily low for a Rural District.

The Death rate is 14.2 which is lower than the average for ten years, the total number of deaths occurring in the district being 256 as against 264 in 1909. Once more the fact is significant that out of a total number of deaths of residents occurring within or without the district, 243, no less than 127 occurred at 65 years of age and over. One most satisfactory feature of the district is the very low Infantile Mortality. Only 17 deaths of Infants occurred in 1910, as compared with 23 in 1909 and an average for ten years of 29.1. There was not one single fatal case of Epidemic Diarrhoea. There were four deaths from Diphtheria, two from Whooping Cough, one from Measles, four from Influenza. Cancer accounted for 26 deaths, more than 10 per cent of the total number of deaths, Phthisis for 17, Heart Disease for 18, Bronchitis and Pneumonia for 14 and 11 respectively.

INSPECTION OF THE DISTRICT.

The Inspector's Report will be found immediately after the Vital Statistics Tables. In many cases I have accompanied the Inspector in visiting cottages and inspecting alleged nuisances, and notices have been served on the owners in such cases where we have recommended the Council to do so.

FACTORIES AND WORKSHOPS ACT.

No case of Infectious disease has occurred in a house or cottage where home-work is done. All the factories and workshops have been inspected and most of the home-workers visited.

I am, Gentlemen,

Your obedient Servant,

H. G. K. YOUNG.

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1910 AND PREVIOUS YEARS.
BRAINTREE RURAL DISTRICT.

Year.	Population estimated to middle of each year.	Births.		TOTAL DEATHS REGISTERED IN DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in District.	Deaths of Residents registered in Public Institutions beyond District.	Nett Deaths at all ages belonging to the District.	
		Number	Rate.*	Under 1 year.		At all ages.					Number	Rate.*
				Number	Rate per 1,000 Births registered	Number.	*Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	19,734	388	19.7	29	74.7	288	14.6	..	8	0	282	14.3
1901	18,106	354	19.5	46	129.9	276	15.2	27	14	1	262	14.5
1902	"	355	20.5	17	47.9	275	15.2	39	8	0	268	14.8
1903	"	363	20.9	30	82.5	244	13.5	55	12	0	232	12.8
1904	"	379	17.8	33	87.	261	14.4	49	14	3	247	13.6
1905	"	323	19.5	29	89.7	260	14.3	35	17	4	246	13.6
1906	"	371	20.7	22	59.3	282	15.5	48	13	2	273	15.
1907	"	347	19.1	27	75.6	241	13.3	53	11	1	229	12.6
1908	"	366	20.	35	98.3	273	15.	48	15	3	261	14.3
1909	"	368	19.9	23	62.6	264	14.5	55	18	4	250	13.8
Averages for years 1900-1909	18,268	361	19.7	29.1	80.7	266	14.5	45	13	1.8	255	13.9
1910	18,106	314	17.3	17	54.1	256	14.2	52	15	2	243	13.4

*Rates in Columns 4, 8, and 13, calculations per 1000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-Residents" is meant persons brought into the district on account of sickness or infirmity, and dying in Public Institutions there; and by the term "Residents" is meant persons who have been taken out of district on account of sickness or infirmity, and have died in Public Institutions elsewhere. The "Public Institutions" to be taken into account for the purposes of these Tables are those in which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums.

A list of the Institutions in respect of the deaths in which corrections have been made is given below.

Area of District in acres (exclusive of area covered by water) 62,291.

Total population at all ages ... 18,106
Number of inhabited houses ... 6,507
Average No. of persons per house 2.7
At Census of 1901.

1. Institutions within the District receiving sick and infirm persons from outside the District:—The Union Workhouse, Bocking.
2. Institutions outside the District receiving sick and infirm persons from the District:—Joint Isolation Hospital, in the Braintree Urban District.
3. Other Institutions, the deaths in which have been distributed among the several localities in the District:—The Cottage Hospital, Bocking.
Union Workhouse situate within the District (in Bocking.)

TABLE II.—VITAL STATISTICS OF SEPARATE LOCALITIES IN 1910 AND PREVIOUS YEARS.

BRAINTREE RURAL DISTRICT.

Names of Localities.	1.—BRAINTREE.				2.—BOCKING.				3.—FINCHINGFIELD.				4.—COGGESHALL.				5.—WITHAM.			
	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 yr.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 yr.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 yr.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 yr.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 yr.
1900	2097	44	25	3	5037	99	73	4	3826	76	51	6	6127	130	84	10	2647	43	49	6
1901	1942	32	27	2	4664	99	70	13	3275	76	44	4	5819	101	97	16	2406	53	36	11
1902	"	39	38	2	"	91	59	6	"	67	49	3	"	113	99	4	"	37	31	2
1903	"	48	32	1	"	87	56	6	"	63	48	7	"	106	71	8	"	59	25	6
1904	"	41	28	1	"	103	73	11	"	59	48	5	"	123	73	9	"	53	39	5
1905	"	28	25	3	"	68	68	12	"	68	48	5	"	117	78	5	"	42	27	7
1906	"	45	33	1	"	100	60	9	"	60	52	3	"	118	83	4	"	48	45	3
1907	"	57	35	3	"	83	59	7	"	55	27	3	"	115	79	8	"	43	29	5
1908	"	48	21	3	"	100	76	13	"	62	51	7	"	109	79	7	"	47	34	5
1909	"	37	28	1	"	88	76	6	"	57	39	4	"	126	80	7	"	58	27	4
Averages of Years 1900—1909	1957	41.9	29.2	2	4701	91.1	67	9.7	3330	65.3	46	4.7	5849	115.8	82.5	7.8	2430	48.3	34	5.4
1910	1942	43	31	2	4664	76	50	6	3275	65	47	6	5819	90	77	3	2406	40	38	...

- NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired be used for the whole district; and blocks 2, 3, &c. for the several localities. In small districts without recognized divisions of known population this table need not be filled up.
- (b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-column *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I as to meaning of terms "resident" and "non-resident.")
- (c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.
- (d) Care should be taken that the gross totals of the several columns in this table respectively, equal the corresponding totals for the whole districts in Tables I and IV thus the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12 respectively of Table I. The gross total of the sub-column *c*, should agree with the total of column 2 in Table IV, and the gross total of sub-columns *d* with the total of column 3 in table IV.

TABLE III.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.
BRAINTREE RURAL DISTRICT.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total Cases notified in each locality.					No. of cases removed to Hospital from each locality.				Total cases removed to Hospital.		
	At all Ages.	At Ages--Years.						Braintree	Bocking	Finchingfield	Coggeshall	Witham	Coggeshall	Finchingfield	Bocking	Braintree			
		Under 1.	1 to 5	5 to 15	15 to 25.	25 to 65.	65 and over.												
Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	30	3	23	2	2	..	..	11	1	17	3	15	3	..	..	..	..	19	..
Erysipelas	8	..	1	1	5	1	..	3	2	2	3	2	3	..	..	..	..	5	..
Scarlet fever	6	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Relapsing feves ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Phthisis	4	..	..	..	..	3	1	..	4	..	..	..	..	..	..	..	..	..	..
Total ..	49	4	30	3	10	2	2	18	7	22	17	7	17	..	1	..	..	25	..

NOTES.—The localities adopted for this Table should be the same as those in Tables II and IV.

State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated or if not within the district, state where it is situated and in what district. The name of the Authority by whom the Hospital is provided should also be given. Mark (W) the locality in which a Workhouse is situated.

ISOLATION HOSPITAL.—Braintree Joint Isolation Hospital. Braintree Urban District.
Total number of available beds, 18. Number of diseases that can be concurrently treated, 3.

TABLE IV.—CAUSES OF, AND AGES AT DEATH, DURING YEAR, 1910.
BRAINTREE RURAL DISTRICT.

(See Notes page 15.)

CAUSES OF DEATH. 1	Deaths at the subjoined ages of 'Residents' whether occurring in or beyond the District.							Deaths at all ages of Resi- dents belonging to localities whether occurring in or beyond the District.					Total Deaths whether of Residents or Non- Residents in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and over.	Braintree.	Bocking.	Finchingfield.	Coggeshall.	Witham.	
	2	3	4	5	6	7	8	9	10	11	12	13	
Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	1	..	1	..	..	..	..	1	..	..	..	..	..
Scarlet fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping-cough	2	..	1	1	..	..	..	..	..	..	1	1	..
Diphtheria and membranous croup	4	..	..	4	..	..	..	1	..	..	2	1	..
Croup .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Typhus .....	..	..	..	..	..	..	..	..	..	..	..	..	..
{ Enteric .....	..	..	..	..	..	..	..	..	..	..	..	..	..
{ Other continued .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	4	..	..	..	..	3	1	1	1	1	..	1	..
Cholera .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa.....(see notes at back)	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis....." "	1	..	1	..	..	..	..	..	..	1	..	..	..
Puerperal fever.. " "	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Other septic diseases .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis).	17	..	..	1	4	11	1	5	5	2	4	1	4
Other tubercular diseases	5	..	1	..	2	2	..	1	1	..	2	1	3
Cancer, malignant disease (see notes)	26	..	..	..	..	12	14	3	4	7	9	3	3
Bronchitis	14	..	..	..	..	1	13	1	1	3	3	6	..
Pneumonia	11	1	1	..	1	4	4	1	3	2	4	1	1
Pleurisy .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Other diseases of Respiratory organs	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism, Cirrhosis of liver	5	..	..	..	..	4	1	1	3	1	..	..	..
Venereal diseases .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature birth	6	6	..	..	..	..	..	2	2	2	..	..	..
Diseases and accidents of parturition	1	..	..	..	..	1	..	..	1	..	..	..	..
Heart diseases	18	..	..	1	..	8	9	2	4	4	4	4	4
Accidents	6	..	1	1	..	4	..	1	1	..	3	1	1
Suicides	3	..	..	..	..	3	..	1	..	1	1	..	..
All other causes	119	10	4	2	3	16	84	10	24	23	44	18	36
All causes	243	17	10	10	10	69	127	31	50	47	77	38	52

TABLE V.--INFANTILE MORTALITY, DURING YEAR 1910.--BRAINTREE RURAL DISTRICT.

Deaths from stated Causes in Weeks and Months under One Year of age. (See Notes on page 13/).

CAUSE OF DEATH.			Under 1 week.	1-2 wks.	2-3 wks.	3-4 wks.	Total under One month	MONTHS.											Total Deaths under 1 year.
All Causes.	{	Certified Uncertified	6	5	1	2	14	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	17
			..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..
i. Common Infectious Diseases.	{	Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Chicken-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Scarlet Fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Diphtheria including membranous croup)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ii. Diarrhoeal Diseases. <i>see notes table iv.</i>	{	Whooping-cough .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Diarrhoea, all forms .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Enteritis, Moco-enteritis, Gastro-enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Gastritis, Gastro-intestinal Catarrh ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Premature Birth	3	2	..	1	6	..	..	..	..	..	..	..	..	..	..	..	6
iii. Wasting Diseases.	{	Congenital Defects*	1	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	2
		Injury at Birth	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
		Want of Breast-milk, Starvation .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Anthrropy, Debility, Marasmus	1	3	1	..	5	1	..	..	..	..	..	..	..	..	1	..	7
		Tuberculous Meningitis* .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
iv. Tuberculous Diseases.	{	Peritonitis: Tabes Mesenterica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Other Tuberculous Diseases* .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Erysipelas .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Syphilis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Rickets .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
v. Other causes	{	Meningitis (<i>not tuberculous</i>) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Convulsions .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Bronchitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Laryngitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Pneumonia .....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
		Suffocation, overlaying .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Other Causes .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			6	5	1	2	14	1	..	..	..	..	..	..	..	1	1	..	17

*(See Notes to Table IV.)

District (or sub-division) of Braintree Rural.

Births in the year, 314.

Deaths in the year of Infants, 17.

Population, (estimated to middle of 1910), 18,106.

Deaths of **all causes at all ages**, 243.

NOTES TO TABLES IV and V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (column 2-8). They are also, in columns 9-15 to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
 - (b) See Notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II and III.
 - (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are in addition to being dealt with as in note (a,) to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
 - (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-column c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
 - *(e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic Diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric, diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.
- Deaths from Diarrhœa secondary to some other well-defined disease should be included under the latter.
- Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis and Gastritis, (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus : Under "Cancer" should be included deaths from Cancer, Carcinoma Malignant Disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Pappilloma of Bladder, Rodent Ulcer. Under Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri-and Endo-Metritis occurring in the Puerperium.
 - (g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage. Malformations and Congenital hydrocephalus.
 - (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
 - (i) Under "Other Tuberculosis Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
 - (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV., and V., attention has been given to the Notes on the Tables.

H. G. K. YOUNG,

Medical Officer of Health.

Annual Report of the Medical Officer of Health for the Braintree Rural District on the administration of the factory and Workshop Act, 1901, in connection with FACTORIES, WORKSHOPS, LAUNDRIES, WORKSHOPS & HOMEWORK.

1.—INSPECTION.

Premises.	Number of		
	Inspections.	Written Notices	Prosecutions.
Factories (including Factory Laundries)	8	..	..
Workshops (including Workshop ..	61	..	..
Workplaces .. .. .	..	..	..
Homeworkers' Premises .. .	128	..	..
Total	197	..	..

2.—DEFECTS FOUND.

Particulars	Number of Defects.			Prosecu- tions.
	Found	Remedied	Referred to H M. Inspector.	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness
Want of ventilation
Overcrowding
Want of drainage of floors
Other nuisances
†Sanitary accommodation — <i>Act not adopted.</i>				
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (s. 108).
Breach of special sanitary requirements for bakehouses
Failure as regards list of outworkers
Given out work to be done in { unwholesome (s. 101)
premises which are { infected (s. 110)
Allowing wearing apparel to be made in premises infected by scarlet fever or small-pox (s. 109)
TOTAL

*Including those specified in sections 2, 3, 7 and 8 of the Factory Act as remediable under the Public Health Acts.
†For districts not in London, state here whether section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the District Council.

3.—OTHER MATTERS.

CLASS.	Number	
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133) .....	...
Action taken in matters referred by H.M. Inspectors as remedial under the Public Health Acts, but not under the Factory Act .....	...
Other .....	..
Underground Bakehouses (s. 101)	None	
Homework :	Number of	
<i>List of outworkers (s. 107) :—</i>	Lists	Out-workers
List received	2	64
<i>Homework in unwholesome or infected premises—</i>	Wearing Apparel	Other.
Notices prohibiting homework in unwholesome premises (s. 103) .....	...	...
Cases of infectious disease notified in homeworkers' premises .....	...	...
Orders prohibiting homework in infected premises (s. 110) .....	...	..
Workshops on the Register— <i>No Register kept.</i>		

BRAINTREE RURAL DISTRICT COUNCIL.

Summary of Work done through the Sanitary Inspector in the Rural Sanitary District of Braintree, during the year ending December 31st, 1910.

	NO. FOR YEAR.
1 Complaints received	19
2 Nuisances detected without complaint	56
3 Nuisances debated	75
4 Notices served	108
5 Summonses taken out	1
6 Convictions	1
7 Cottages inspected	170
8 School disinfected	5
9 Lodging-houses	none
10 Fishmongers inspected	3
11 Slaughter-houses inspected	27
12 Knacker's Premises inspected	4
13 Bakehouses inspected	43
14 Hospitals disinfected	7 Wards
15 Dairies and Milk Shops inspected	40
16 Cowsheds inspected	64
17 Workshops inspected }	
18 Workrooms .. }	50
19 Filthy houses cleansed, sec 46 Public Health Act, 1875	2
20 Houses disinfected	44
21 Overcrowding abated	3
22 Houses placed in habitable repair	29
23 Houses closed	30
24 Houses erected or re-built for which Water Certificates were applied	21
25 "Certificates" granted	21
26 ,, deferred	none
27 Wells sunk or improved supplies of Water afforded	21
28 Wells cleansed or repaired	3
29 Wells closed	none
30 Houses connected with sewers	12
31 ,, ,, water mains	about 250
32 Earth, pail, or improved privies constructed or existing privies altered	38
33 Privies and W.C.'s repaired ; W.C.'s supplied with water	14
34 Cisterns cleansed, repaired or covered	3
35 Animals improperly kept removed	none
36 Samples of water taken for analysis	10
37 Compensation paid for destruction of infected bedding	£3
38 Seizures of unsound Meat, &c. .. .. .	..

Signed,

E. H. BRIGHT,

Sanitary Inspector.